



## H.E.F. CANADA QUARTERLY

*The Human Ecology Foundation of Canada*

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## THE HUMAN ECOLOGY FOUNDATION OF CANADA

### THE H.E.F. CANADA QUARTERLY

The HEF Canada Quarterly is a publication of The Human Ecology Foundation of Canada, a charitable organization under Canadian Law, operating on a non-profit basis. THE QUARTERLY is for people who are interested in health and its relation to our environment. It deals primarily with research in the field of clinical ecology (environmental medicine), and also describes how people have improved their health by changes in habits, diet and environment. As such, it does not offer medical advice, and we urge persons wishing to experiment with changes in their lifestyle to do so with the help and guidance of a knowledgeable physician.

### THE HUMAN ECOLOGY FOUNDATION OF CANADA

One of the purposes of the Human Ecology Foundation is to promote the free exchange of information on the prevention and treatment of ECOLOGICAL ILLNESS. People who are ecologically ill are no longer able to adapt well to common and increasing exposures in their everyday environment. They may develop a variety of chronic or acute symptoms that are brought on by substances in the air, in food, or in water.

Natural inhalants such as pollens, dust and moulds, and even natural foods may begin to affect people adversely. This aspect of the condition is often referred to as "allergy", but the many synthetic chemicals that are now common around us can also cause symptoms, and overexposure to these can trigger ecological illness even in those with no history of allergy or other sensitivity to the environment. Symptoms may be mild and merely annoying, or they may become severe enough to interfere with a person's daily activities, family life, and career.

On a local basis, HEF Branches work toward finding sources of chemically less-contaminated food, water, clothing, and household furnishings, as well as providing counselling on changes of lifestyle that may alleviate symptoms. The Foundation and all its branches would like to encourage others to become involved not only in research on the effects of environment on health, but in working toward a healthier, less-polluted environment.

### SUBSCRIPTION AND MEMBERSHIP

Membership in the Foundation includes a subscription to the HEF CANADA QUARTERLY which is published four times per year. Annual membership and subscription fee is \$20. WE INVITE NEW MEMBERS!

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The H.E.F. Canada Quarterly is a communications line that belongs to all of us. We welcome your comments and contributions, your articles and inspirations. The Deadline Date for the March 1986 Quarterly is January 29. Don't forget to write.

H.E.F. Canada Quarterly,  
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#### H.E.F. Canada Quarterly Credits

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## EDITORIAL COMMENT

In 1981, two years into my ongoing diagnosis and treatment for multiple complex allergies and ecological illness, my allergist smiled and said: "It must make you happy to know you weren't a hypochondriac after all." I was feeling better at my worst than I'd ever felt at my best, and without the use of drugs! Not just physically, but (most importantly) mentally, it was as though I'd been reborn. My brain was functioning. I was reading avidly and was learning everything I needed to know to help myself. Biology and basic chemistry, endocrinology, neurology, pharmacology and physiology textbooks; Clinical Ecology books, articles and pressclippings; notebooks and file folders were everywhere, piled and cluttered in my sunroom. After more than two decades spent wandering from physician to surgeon to pharmacist to psychotherapist and back, I was in control, and I loved it. My response to my allergist was: "Yes, but what makes me even happier, is knowing I wasn't a hopeless manic-depressive, psychotic, schizophrenic who would have to spend the rest of her life on painkillers and mind-altering drugs!" Sound familiar? If so, you're really going to enjoy this edition of the Quarterly and, with luck and perseverance, be better equipped to find your way to much improved health too. YOU CAN DO IT. We can help.

Blessed is s/he who finds a sympathetic physician willing to share in the care and treatment of ecological illness and environmental allergy! We are all learning, and taking great pains to document our discoveries. Each day brings new research to light. Each year more discoveries are made into the mysterious workings of the immune system and the nervous system, more understanding of body chemicals and their relationship to environmental chemicals occurs; the long-term effects of toxic chemicals used on foods, in fabrics, in drugs and every-day life, are written into textbooks; more people become aware of what chemical toxicity is, and of what it can do to the hypersensitive. Each thing we learn about how our body and brain functions helps us to understand and cope with what happens when they malfunction. We owe it to ourselves to be informed.

It's been an entire year since I first agreed to be your editor. Your letters have sustained my delight and enthusiasm. BRAVO to all who've taken time to write (you keep up your good work too)! The sunroom is even more cluttered with books and files now (they've spread into an adjoining room that will accommodate a computer of my very own). There's so much more for all of us to do, to tell and hear, to learn and teach. I don't think you'll want to miss a single edition in 1986. Till we meet again in March, frabjous joy to all. Be good to each other, and stay (at)tuned.

Mary Merlin Nelson

## A L L E R G Y   W O R K S H O P

### FOOD ADDICTION, FOOD ALLERGY AND OVERWEIGHT by Stephen A. Levine, Ph.D.

Have you ever eaten something - a bowl of ice cream, a piece of cheese, an orange - and felt hungrier than before? Do you have urges for a particular food and find it hard to satisfy your craving unless you eat that particular food?

If the answer is "yes" to either of these questions, then you have a food allergy. If you are also fat, then chances are your food allergy is making you fat.

Food sensitivities may cause allergic people to crave those foods to which they are allergic. Just as a drug addict suffers withdrawal symptoms when the drug is withdrawn, allergic people experience discomfort when they lose access to a particular food.

Obese people can testify to the overwhelming power of food allergy addiction. Compulsive eaters crave and continue to eat those allergenic foods to which they are addicted day after day. The obese person has no idea that his daily food cravings or eating habits are based on a physiological need to stop withdrawal symptoms caused by food allergy addiction.

The phenomenon of simultaneous allergy and addiction to both foods and chemicals is now well accepted by doctors specializing in the diagnosis and treatment of allergies. These specialists, known as clinical ecologists, believe that many chronic health problems, such as migraine, fatigue, depression, and arthritis are caused by allergies to foods and chemicals and affect approximately one-third of the population living in industrialized countries.

It is commonly observed that the same food may cause different reactions among different people. An individual's genetic predisposition to allergies will determine which part of his body will become the vulnerable target organ or tissue. Any major organ may become involved: the symptoms of cerebral allergies include hyperactivity, depression, irritability, headaches and some forms of schizophrenia; hypoglycemia is a manifestation of pancreatic malfunction, frequently caused by allergy; while in other cases, the blood vessels may be the target organ with the resulting signs of vasculitis and edema. The symptoms are compounded and are generally more severe following frequent contact with an allergy-provoking food.

Water retention, or edema, is particularly common among allergic individuals and is an important contributing factor to obesity. The removal of an offending food will often result in a rapid water loss of five to ten pounds within a week's time, all

without the use of a diuretic. Michael Rosenbaum, M.D., who practices preventive medicine in Mill Valley, California has observed this water-retention phenomenon frequently among patients in his allergy clinic.

X He found that following the initial weight loss, the person tends to lose fat more easily, even without dieting. Rosenbaum states: "food sensitivities can cause the body to retain both water and fat." Often, Rosenbaum believes, the big weight loss that occurs when someone follows a low-allergen diet has nothing to do with the quantity of calories in the diet.

The following scenarios by Dr. Rosenbaum illustrate the dramatic weight loss achieved among patients following the elimination of allergy-provoking foods from their diet: "One of my patients who was found to be sensitive to dairy products decided to substitute bread and beer to make up for the removal of milk and cheese from his diet. He was probably consuming even more calories and still managed to lose ten pounds in the first month without even trying. The next time I saw him, his pants were falling off."

"Another one of my patients, a woman in her early thirties, was undergoing a stressful period when she came to my office. She had sensitivities to wheat and dairy products and adopted a 'what the hell type attitude', continuing to eat these foods regularly. Besides seeing her weight balloon from 140 to 180 pounds, she developed a gnawing depression and irritability.

"Finally, after several months of self-abuse, she stopped eating wheat and dairy products. Her subsequent diet contained the same amount of calories as the one containing wheat and dairy products. After a few months on the allergen-free diet, she is back to 140 pounds. Her friends have remarked about her wonderful transformation and were amazed at the way the weight had just come off by itself."

Dr. Rosenbaum believes that food sensitivity exerts its most profound effect on the limbic portion of the brain. This section of the brain houses the control centers of our emotions as well as memory and vegetative functions, including body temperature, sexuality, blood pressure, sleep, hunger and thirst. Food allergies seem to affect most of these vital functions.

This neurophysiological analysis is shared by William Philpott, M.D., a clinical ecologist from Oklahoma City, who has written extensively on the subject. Dr. Philpott speculates that frequent contact with allergenic foods triggers a rise in the brain opioid enkephalin. The enkaphalin is a narcotic produced by the body that is as addictive as externally supplied narcotics.

The primary food allergens are coffee, dairy products, wheat, eggs and corn. In Oriental countries, rice is a prominent allergen. Among vegetables, white potatoes and lettuce are potent allergens. Marshall Mandell, M.D., of Norwalk,

Connecticut and author of 'DR. MANDELL'S 5 DAY ALLERGY RELIEF SYSTEM', found that 92.2% of hospitalized schizophrenics were allergic to one or more common substances. When Dr. Mandell tested a group of patients diagnosed as hard-to-treat neurotics, he found that 88% of them were allergic to wheat, 50% to corn and 60% to milk.

Charles McGee, M.D., who practices clinical ecology in C'oeur D'Alene, Idaho, and is the author of 'HOW TO SURVIVE MODERN TECHNOLOGY', was asked whether in his opinion, food and chemical allergies could be a major cause of obesity. He replied: "There are many people who are addicted to all sorts of foods. The ones who are addicted to coffee, do not necessarily get fat. If they are addicted to sugar or wheat, they may end up running around with candies or wheat-containing crackers in their pockets to satisfy the craving. What's most important is that it's extremely difficult for these allergic individuals to lose weight unless they ultimately gain control of their food allergies. They must identify the particular allergens, break the craving and then eliminate the chemical or food."

To understand both allergic and associated addictive phenomenon we can look at two conditions, both as aspects of food intolerance. In allergy-addiction, there are three principle stages: the first stage is characterized by an acute allergic reaction to a toxic substance. Recall the first time that you, or someone you know, smoked a cigarette.

Most frequently, the individual will find the smoke distasteful and may even have clinical symptoms such as coughing, sore throat and dizziness. This acute reaction can be taken as evidence that the cigarette smoke has some toxic effects on the body. After smoking becomes a habit, the symptoms are no longer noticeable. Your body gets used to the smoke and the symptoms are said to be "masked" or hidden. The masking can be considered an adaptation by the body to tolerate the poison with which it comes into frequent contact. Even though there are no overt symptoms, the adaptation to this obvious toxin takes its toll in terms of chronic body stress.

During this period, the adaptation is so strong that you become dependent on cigarettes, or in other words, "hooked". You must smoke at regular intervals to avoid withdrawal symptoms. When you try to quit, your body craves the cigarettes: you are addicted in the truest sense of the word, and you will experience the addictive aspect of the "allergy-addiction syndrome".

It is significant that all addictions are similar in this regard, whether cigarettes, coffee, heroin, wheat or milk products. The final stage occurs when the body fails to maintain adaptation and experiences the allergic and addicted symptomatology simultaneously. This is the stage in which chronic symptoms of disease emerge.

X Now just about any clinical symptom can result from the allergy-addiction syndrome. Dr. Ellen Grant reported in the medical journal 'LANCET', that 85% of (migraine) sufferers could be rendered symptom-free when they followed a diet excluding the ten most common food allergens. Some of the most provocative agents were cigarettes, coffee and birth control pills. The evidence is also strong for the allergic causation of arthritis, asthma and diabetes.

The allergic reaction itself can result in a drastic reduction in blood sugar with the accompanying symptomatology: weakness, hunger and irritability. Allergic hunger is pathological in that it does not respond to the normal satiety control center in the brain when food is consumed in normal amounts, so both the addictive and allergic responses to allergy can cause uncontrollable eating behavior.

In one case history of a 37 year old woman who had trouble with many different weight reduction programs, including the HCG (human chorionic gonadotrophin) diet, the drinking man's diet, the Stillman diet, it became evident that after each partially successful episode of weight reduction she would regain her weight. The reason for this lady's difficulties was later found to be food allergies. In the 6-hour oral glucose tolerance test, we found a marked hypoglycemic curve: the blood sugar dropped from 220 at one hour to 45 mg percent at 3 1/2 hours. At this time she experienced severe shakiness, giddiness, nausea and shortness of breath as well as other symptoms. She was assured that once the food allergen was determined and eliminated from her system, the symptoms of hypoglycemia would disappear.

People who are allergic to sugar experience a craving for sweets. One patient ate 50 Twinkies a day and although her stomach would hurt, she would keep on eating. When her husband left for work in the morning she would take a tablespoon of sugar as soon as he was out the door, because it would make her feel good. She would actually get high on sugar.

Three or four hours later she would go into a depression and had attempted suicide several times. Her suicide attempts were prompted by withdrawal symptoms. The woman didn't get well until a conscientious physician wrestled with the etiology of her problem, namely food allergy. Now she realizes that she must read all food labels for ingredients.

Patients afflicted with allergy-addictions will usually experience a sense of well-being after a month on an allergen-free diet. Many individuals lose excess water from their tissues and achieve a weight loss of from 10 to 15 pounds.

→ Dr. Rosenbaum, as well as other nutritionally-oriented allergists rely on other methods besides avoidance of the allergenic foods. Vitamin C and mineral bicarbonates are used extensively in allergy clinics throughout the country. The mineral buffers should not include sodium, which is a hypertensive agent and can



make a person more prone to edema, but instead the minerals calcium, magnesium and potassium. These buffers will neutralize the acidity caused by the allergic reaction and alleviate stress, thereby inducing symptomatic relief.

As little as one teaspoon of this combination of nutrients can totally knock out hunger cravings caused by food allergies as well as eliminate the withdrawal symptoms caused by exclusion of the addictive foods. This is symptomatic relief, but works dramatically and also gives a clear indication that the symptoms were caused by allergic phenomenon. If the nutrient combination eliminates your hunger then you can be sure that your hunger was induced by some aspect of the allergy-addiction syndrome. *Hayes*

Functional food and chemical allergies have been largely ignored by most medical doctors. One reason for this is that there has been no miracle drug that can be promoted by the drug companies, so the doctors would not be encouraged to diagnose the disease and then treat it. Until now there has been no simple easy cure for allergies. Nutritional treatment in the form of vitamin, mineral, amino acid and glandular supplements accompanied by avoidance of allergenic foods offer the critical answer to this problem.

Certain aspects of nutritional medicine can fall under the heading of what the author calls, NUTRITIONAL PHARMACOLOGY. The most striking example of this in regard to food allergies and weight reduction is the success achieved in combining buffers of mineral bicarbonates and Vitamin C. Through readjustment of the normal pH balance in the body, you can eliminate many of the symptoms of food allergy, especially hunger. This simple test, using a highly buffered Vitamin C solution and observing whether it controls your appetite is an excellent diagnostic procedure for the determination of food allergies. Patients with severe allergies are well advised to visit a clinical ecologist or nutritionally-oriented allergist. For more information about food and chemical allergies, contact:

Nutri-Cology, Inc.  
ALLERGY RESEARCH GROUP  
P. O. Box 489  
400 Preda Street  
San Leandro, California  
U.S.A. 94577-0489

\* \* \* \* \*

THE ALLERGIC TENSION/FATIGUE SYNDROME  
by Mary Merlin Nelson

Several years ago, I had the good fortune to come across a chart printed and distributed by the Environmental Health Center in Dallas, and have since rediscovered it in AN ALTERNATIVE APPROACH TO ALLERGIES, by Theron G. Randolph, M.D., and Ralph Moss, Ph.D. Compiled by Dr. Theron Randolph of Chicago, it shows the main symptoms of a common ecologic illness called ALLERGIC TOXEMIA, or THE ALLERGIC TENSION/FATIGUE SYNDROME, and notes that patients suffering from the illness describe the sensations as having the whoozy, whole-body-sick feeling of a constant flu, with continuous fatigue and aching, jitteriness, irritability, and a "what's the use" hopelessness. The chart, titled PRINCIPLE CLINICAL FEATURES OF VARIOUS STIMULATORY AND WITHDRAWAL LEVELS OF ECOLOGICAL DISTURBANCES, helps to explain what happens to us when we're bouncing off walls and trying to figure out why.

According to Dr. Randolph, there are STIMULATORY levels and WITHDRAWAL levels; localized and systemic allergic reactions that increase and intensify in direct relation to the patient's level of tolerance, and the stress of accumulating assaults upon his or her allergic threshold. Non-allergic people, and people strictly controlled though allergic, achieve a state of well-being called HOMEOSTASIS. Homeostasis is the tendency of a physiological system (our mind and body) to maintain internal stability, owing to the coordinated response of its parts to any disruptive situation or stimulus. Victims of multiple complex allergies are seldom homeostatic. Consider homeostatis Ground Zero.

At the longed-for stage of homeostasis, the behaviour of an allergic patient is on an even keel. When mildly STIMULATED (+1) but relatively symptom-free, s/he is active, alert, lively, responsive, and enthusiastic; with unimpaired ambition, energy, wit and initiative; considerate of the views of others; easy to get along with, and not obviously in allergic reaction.

As STIMULATION (the ingoing allergen) progresses (+2), s/he becomes hungry and thirsty; irritable and hyperactive; tense, jittery, "hopped up", talkative, argumentative, sensitive, overly responsive; manifesting physical allergic reaction (flushing, sweating and chilling, for example); self-centered. In extreme cases, s/he may suffer from insomnia, alcoholism and/or obesity. Cerebral allergy may cause giggling or pathological laughter as the patient becomes anxious or egocentric. Remember, the brain is just another organ, and as capable of an allergic reaction as the gallbladder, lung, skin, or whatever. The problem of cerebral allergies is not an uncommon one.

As toxicity increases, the patient may become aggressive, clumsy, loquacious; ataxic (loss of coordination in the muscles), anxious and fearful; apprehensive. There may be alternating chills and

flushing; ravenous hunger and excessive thirst, as s/he enters the hypomanic (+3) phase of the STIMULATORY allergic response. S/he is experiencing one-track or circuitous thought, muscle-twitching and jerking of extremities. S/he is distraught, excited, agitated; enraged and panicky. The rages can be very destructive, whether directed within or without.

If the patient reaches an extreme (+4) STIMULATORY Level (overloaded), convulsive seizures and altered consciousness may develop, or s/he may suffer anaphylactic shock. It is the manic phase of allergic manic-depression. Schizophrenia is a state of altered consciousness, and can, according to Dr. Alan Levin, Dr. Richard Mackarness (author of NOT ALL IN THE MIND and CHEMICAL VICTIMS), Theron Randolph, Ralph W. Moss, Marshall Mandell, and others, be caused by allergy and petrochemical sensitivity, among other things. Many ecologically ill individuals manifest pseudo-schizophrenic symptoms when overloaded. Perhaps that accounts for why we can't remember things we've said or done while in extreme reaction? Blackouts and memory loss often occur.

Now let's look at the other side of allergy, that of withdrawal. Allergies get you coming and going. STIMULATORY and WITHDRAWAL symptoms make it very difficult to diagnose what is causing the chaos in your body and brain. For the allergic patient, it is in the withdrawal phase that localized allergic manifestations and systemic allergic reactions occur on the minus-side. The stimulation phase is known as the TENSION side, and withdrawal as the FATIGUE side of the tension/fatigue syndrome, which has at its outside edge (-4) the DEPRESSIVE side of the allergic manic-depressive (psychotic) syndrome. Let us now consider the minus side in the four stages of withdrawal.

The LOCALIZED (-1) allergic WITHDRAWAL symptoms include runny or stuffy nose, clearing of the throat, coughing, wheezing, asthma, itching, hives, eczema; "gas", constipation and/or diarrhea, colitis, urgency and frequency of urination, and various eye and ear syndromes (visual distortion, earaches, etc.).

SYSTEMIC (-2) WITHDRAWAL reactions make the patient doxy, tired, somnolent, mildly depressed, edematous with painful syndromes (headache, neckache, backache, neuralgia, sciatica, myalgia, myositis, arthralgia, arthritis, arteritis, chest pain; cardiovascular effects (marked pulse changes or skipped beats, hypertension, phlebitis, anemia, bleeding and bruising tendencies may occur at any level).

Once the patient falls to the -3 WITHDRAWAL level, moderate depression, confusion, disturbed mentation and "brain fog" can occur. S/he is indecisive, moody, sad, sullen, withdrawn and apathetic; with emotional instability and impaired attention, concentration, comprehension and thought processes. In children, it often manifests itself in so-called Learning Disabilities. As your system breaks down; aphasia (impairment or loss of the faculty of using or understanding spoken or written language), mental lapses and/or blackouts can occur.

In the final, most extreme (-4) stage of WITHDRAWAL, the allergic patient is manifesting chronic severe depression, with or without altered consciousness (schizophrenia, catatonia). S/he is nonresponsive, lethargic, stuporous, disoriented, melancholic, incontinent; suffers regressive thinking and paranoid orientation with delusions, hallucinations, and (sometimes) amnesia. S/he is comatose, or psychotic and/or in the depressive phase of manic-depression. Is it any wonder the diagnosis of "mental illness" is often given during the time an undiagnosed patient is going from doctor to doctor while suffering from ENVIRONMENTAL illness?

The Stimulatory/Withdrawal or Allergic/Tension Fatigue Syndrome is a teeter-totter gone mad. A patient may bounce gently from +1 to -1 and suffer no more than a "food hangover", or s/he may take wild swings from +4 to -4. At +2, addictive patterns are taking hold. At -3, the patient can become psychotic withdrawing from an illicit food s/he just couldn't resist a craving for. A brief exposure to a synthetic fabric you're hypersensitive to can throw you into high gear (+2) for a while, then leave you in a state of pain and exhaustion (-2) later the same day, and drag you down to an advanced maladaptive (-3) level the following afternoon. The longer your body has to deal with a maladapted substance, be it food or chemical, the worse the symptoms get, and the wider the swings, both physical and mental. It is important that a severely ecologically ill person understands the brain and the body are in this together. Consider emotions in your diagnosis.

If a doctor tells you "it's all in your mind", or "the tests came back negative, take two valium and a darvon and call me in the morning"; instead of going to the pharmacist, go to a library and start reading up on the subject of environmental allergy. Then start looking for a good allergist, sympathetic to the teachings of environmental medicine and clinical ecology. REMEMBER: What you don't know CAN hurt you!

Once you know what can and does happen physiologically, you will be able to TRUST YOUR INSTINCTS. Your physical and emotional state will become evident to you. You'll FEEL where you are in a reaction, because if you listen, your body will tell you. Feel is all you have to go by. You can sense, in varying degrees, to one intensity or another (in various combinations both physical and mental) whether or not you're doing all you can to achieve a stable condition, or homeostasis.

A word to the wise: Homeostasis has its own risks. There are "hazards to a clean system". Your tolerance for the allergen, once unmasked, is gone. When you're feeling better than you had ever believed you could feel, you have a tendency to over-do; to ignore your body's signals; to reach and stretch and overextend your capacity to "live normally". DON'T! Just because your symptoms are gone, doesn't mean your foe is gone. You must keep in mind that allergic reactions are not constant. They are not consistent. They ARE CUMULATIVE. Be aware of your TOXICITY THRESHOLD. Remember STIMULATORY/WITHDRAWAL and TENSION/FATIGUE.

Finally, be aware that allergic asthma can become allergic edema can become allergic migraine can become allergic arthritis can become something that can make you crazy! Don't let the bewilderment and frustration get you down. Don't expect daily miracles. Don't let your delight in savouring forbidden foods make you forget the need for ROTATION and CONTINUING DISCIPLINE in food management. In other words, don't close your mouth on foods you crave desperately (even if they seem to make you feel better) unless you're prepared for the inevitable consequences. You may not have as much control over your chemical and environmental allergy contacts as you'd like to (yet), but you are the only one who has complete control over what you put in your mouth. "IS IT WORTH IT?" is the first question you must ask yourself. If the answer is "no", don't do it.

Repeat after me: I CAN ACCEPT THE LIMITATIONS CAUSED BY MY ALLERGIES, LEARN FROM THEM, AND LEARN TO LIVE WITH (AND WITHIN) THEM. I WILL TRY TO LEARN SOMETHING NEW EVERY DAY. I WILL BE WELL IF I WORK AT IT HARD ENOUGH. HAPPINESS IS BREAKING EVEN!

#### SUGGESTED READING:

AN ALTERNATIVE APPROACH TO ALLERGIES by Drs. Randolph and Moss  
NOT ALL IN THE MIND by Dr. Richard Mackarness  
THE TYPE 1/TYPE 2 ALLERGY RELIEF PROGRAM by Dr. Alan Levin and  
Merla Zellerbach (see ENVIRONMENTAL MEDICINE)  
COPING WITH YOUR ALLERGIES by Natalie Golos

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## CLAIMS PROBLEMS?

The Human Ecology Foundation is aware that a number of its members are experiencing difficulties in having medical claims honoured, mainly for allergy serums (drops) and some prescription drugs. It is reported that many insurance companies are now asking for detailed information for each patient and claim, thus swamping the doctors and unduly delaying, or rejecting what may be legitimate claims.

The Human Ecology Foundation would like to initiate whatever group action is possible to try and ameliorate this situation. It may be possible to make representations to specific provincial and federal authorities and health associations. In order to do this, specific information is required from members. If you would like to assist, the following details are required:

Name, address, phone number of patient  
Name, address of Insurance Company  
Details of claim challenged or rejected  
(i.e. type of service or drug,  
reason given for rejection,  
copy of rejection letter).

Names of members will not be cited in any representations without the express permission of the member.

Please note that testing charges for allergies is not considered reimbursable at this time.

Please send all information to: Lynda Brooks,  
President, HEF,  
97 Village Green,  
Kanata, Ontario.  
K2L 1J8

INDOOR POLLUTION: INTRODUCTION TO A HOUSEHOLD PROBLEM  
by Earon S. Davis, J.D., M.P.H.

Indoor pollution is a term that is quickly rising into national prominence. Briefly, indoor pollution may be defined as the presence, indoors, of substances which may, at some level (alone or in combination with other substances in the indoor or outdoor environment) cause adverse health effects to some humans. These substances may be natural or synthetic. They may be solids, liquids and/or gases. Indoor pollution may be clearly visible to the naked eye or may be totally imperceptible, even with sophisticated scientific equipment.

As you can see, indoor pollution is an intriguing topic. It has been around since humans first entered a cave for shelter in prehistoric times. However, the problems associated with indoor pollution began to be recognized more clearly as a "side effect" of the recent "energy crisis" which drove many individuals and building managers/designers to seal up their buildings to reduce heating/cooling costs. Of course, such activities also resulted in a trapping of pollutants indoors. X

Indoor pollution ranges from that faint cooking odor in your kitchen to the deadly fumes of a faulty heating system. And yet, in spite of the fact that we are all constantly exposed to many chemical pollutants indoors, no one Federal agency is responsible for investigating potential health hazards they create. And, no Federal agency appears authorized to promulgate regulations on the amounts of these various pollutants which may be allowed inside a human dwelling.

In addressing such a broad, relatively undefined and unstudied topic, we must begin with simple, straight-forward questions, such as the following:

1. What are the important indoor pollutants and where do they come from?
2. What are the health effects of indoor pollution?
3. How can one detect indoor pollution?
4. What can be done to reduce or eliminate indoor pollution?

In the following section, I will discuss some of the aspects of these four basic questions.

1. WHAT ARE THE IMPORTANT INDOOR POLLUTANTS AND WHERE DO THEY COME FROM?

There are many "important" indoor pollutants. Different homes, workplaces, and commercial areas may have their own peculiar environmental problems. The 1981 report, INDOOR POLLUTANTS, by the National Research Council of the U.S. National Academy of K

Sciences addressed the following pollutant classes: Radioactivity (Radon), formaldehyde and other organic substances, consumer products (e.g. aerosols), asbestos, fibrous glass (e.g. fibreglass); combustion sources (e.g. heating, cooking; vehicles producing carbon monoxide, nitrogen oxides, and particulates); tobacco smoke, odors (e.g. cooking, other fumes); other chemical pollutants (e.g. hydrocarbons, ozone, sulfur dioxide, and particulates); aeropathogens and allergens (e.g. viruses, bacteria, and molds); humidity, and others, including house dust.

In addition to those addressed above, any list of important indoor pollutants should include the following: pesticides, herbicides, glues, solvents, paints, synthetic fabrics, detergents, and plastics. Following is a list of some of the more common sources of indoor pollution in homes:

#### SOME MATERIALS AND ACTIVITIES CONTRIBUTING TO INDOOR POLLUTION

##### TOBACCO SMOKE AND OTHER NON-NECESSARY INDOOR COMBUSTION:

- cigarettes, cigars, pipes, other smoking materials, and incense
- use of fireplace or candles

##### CONSUMER PRODUCTS

###### HOUSEHOLD:

- laundry detergents and bleaches
- room "deodorizers" and perfumes
- pesticides of all types
- aerosol oven cleaners, toilet cleaners, etc.
- fabric softeners
- household "disinfectants" (e.g. pine scents)
- dishwashing detergents, especially in automatic dishwashers

###### PERSONAL:

- aerosol deodorants and hair sprays
- all scented soaps and cosmetics
- all perfumes and colognes
- nail polish and polish removers

##### HOME CONSTRUCTION MATERIALS AND FURNISHINGS

- particle board (pressed wood products) in both building materials (e.g. subflooring, outside walls, kitchen cabinets and bathroom vanities, other built-ins) and furniture (most of what you may think is real wood is not, even if the salesperson says differently.) (Formaldehyde)
- urea formaldehyde foam insulation (UFFI)
- asbestos in ceilings and/or basement pipe coverings, etc.
- vinyls and plastics (including all synthetic fabrics: carpets, drapes, etc.)
- gas or oil-fired heating systems
- NOTE: Many house paints include lead and pesticides as additives!
- radon, a radioactive gas, is emitted by some building materials as well as soils and water underlying the building structure.



## OUTDOOR POLLUTANTS

- general ambient air pollution
- pesticide spraying (e.g. trees, mosquito control, lawn treatments, gypsy moth control, drift from agricultural and commercial spraying)
- herbicide spraying (e.g. lawns, utility rights of way, drift from agricultural spraying, other commercial spraying)
- leaf burning
- outdoor cooking (e.g. barbeques)
- forest fires, volcanic ash, nearby (and not so nearby) incinerators, buses and automobiles (especially diesels), power plants, etc.
- lead from house dust and vehicle exhausts

## INDOOR ACTIVITIES

- cooking (especially using natural gas, propane, etc.)
- use of kerosene or other fuel burning heating units
- use of gas oven as home heating source in the winter
- faulty fluorescent light fixtures (possible PCB pollution)
- excessive "winterization" of home for energy conservation purposes
- poor air circulation for other reasons
- failure to use exhaust fans while cooking, etc.
- faulty home heating systems or water heating system, especially if gas or oil

## HOBBIES OR ARTS & CRAFTS ACTIVITIES

- use of glues, paints, or solvents
- soldering or welding
- use of kilns to bake pottery, enamels
- mixture of any dry materials (e.g. clay, cement)
- mixing of resins, paints
- use of aerosol paints, coatings
- burning, sanding, or carving of any wood materials

## 2. WHAT ARE THE HEALTH EFFECTS OF INDOOR POLLUTION?

X As with all issues concerning health effects of pollutants, the effects of indoor pollution are quite controversial due to the lack of definitive studies to test out the various hypotheses. Of course, what you don't know may, nevertheless, harm you. While many of the chemical industry apologists may not understand this fact, the presence or absence of a "definitive" study can not alter the reality of whether a particular pollutant causes certain illnesses. That is the reason Congress enacted provisions in various health effects legislation stating that standards must be set with regard to "sensitive" populations, and with a margin of safety. The plain truth is that most pollutants are potential "killers". They must be treated with suspicion until scientifically valid testing exonerates them.

Since indoor pollutants run the gamut of substances polluting the outdoors as well as occupational settings, it is fair to say that they cause or contribute to diseases and symptoms such as cancer, X

heart disease, lung diseases, skin rashes, neurological disorders, headaches, allergies (especially dusts and molds), dizziness, nausea, fatigue, chest and/or abdominal pain, diarrhea, sinus problems, difficulty in breathing, sore throat, burning sensation in the eyes, and many, many others. For these generally recognized problems, one must consider the level(s) of the various pollutants an individual is exposed to, as well as the specific medical/health status of each particular individual in question.

Individual susceptibility to the adverse effects of indoor pollutants will vary by substantial factors, in fact, occasionally by orders of magnitude. Special factors which help to determine an individual's "susceptibility", or "high risk" status include:

AGE: Infants and the elderly are far more susceptible.

MEDICAL CONDITIONS: Those with heart or lung disease, allergies, sickle cell anemia, and a whole host of often unknown genetic disorders or conditions may be far more susceptible.

OTHER EXPOSURES: Those exposed to high levels of various pollutants outdoors (e.g. living in an industrial area) or at work, may be at very high risk for health damage due to indoor pollution.

LIFESTYLE FACTORS: Additional factors effecting one's susceptibility to indoor pollutants include: tobacco smoking, licit and illicit drug use, alcohol use, nutritional status, emotional stress and others.

X  
In addition to the generally recognized symptoms mentioned above, physicians and researchers belonging to The American Academy of Environmental Medicine (formerly the Society for Clinical Ecology) have found many other disorders to be caused or triggered by exposures to pollutants indoors. While these findings are somewhat controversial, it may turn out that many of the following common medical and neuropsychiatric disorders are in some way affected by indoor pollution:

#### NEUROPSYCHIATRIC DISORDERS:

- Depression
- Rage
- Anxiety
- Convulsions
- Learning Disabilities
- Extreme Fatigue
- Inability to Concentrate
- Difficulty in Speaking

#### OTHER MEDICAL DISORDERS:

- Cardiovascular Disease (e.g. vascular spasm)
- Muscle Aches

- ✓ Joint Pain (arthritis)
- ✓ Excessive Eating
- Colitis
- Bladder Disorders

In fact, the 1979 U.S. Surgeon General's Report on HEALTH PROMOTION AND DISEASE PREVENTION (DHEW-PHS, Pub.#79-55071, Washington, D.C. at page 105) states that "There is virtually no major chronic disease to which environmental factors do not contribute, directly or indirectly." X

### 3. HOW CAN ONE DETECT INDOOR POLLUTION?

The most glaring problem with indoor pollution control efforts is the fact that there are many obstacles to the detection of indoor problems. In fact, there is very little guidance in determining whether a particular level of a pollutant is a "problem". This is because there are few actual standards set in this area. While occupational standards do exist for many pollutants, it would be dangerous to translate those standards to the home environment. This is because occupational standards are based on the healthy adult male worker, and thus do not protect the young, elderly, or those with most of the various risk factors already discussed. In addition, occupational standards are generally set as if the worker were exposed to only one deleterious chemical and only for an eight hour work shift. At home, none of these assumptions are reasonable.

There are also environmental standards to fall back on. However, these, too are largely based upon a healthy adult population exposed to only a single pollutant. The same holds true for food and drug standards, of course. Therefore, it would be ridiculous to assume that any existing standards would protect all individuals from the conglomeration of natural and synthetic substances to which we are daily exposed.

A variety of detection devices are available to crudely measure levels of particular pollutants such as formaldehyde, carbon monoxide, and some pesticides. The detection of asbestos can be made by a reputable building contractor and is routinely done by many state and local health departments.

However, the sad fact remains that almost all of the indoor pollution problems are first detected by humans. That is, there is some sort of health problem which can not be attributed to any other source. Finally, as a last resort, an attempt is made to determine whether indoor pollution is the culprit. Behind such a "curtain" of ignorance, many people have been on a downward health spiral which may lead to serious illness and disability. The answer is to increase everyone's awareness of indoor pollution and take steps to eliminate unnecessary exposures while identifying people with increased susceptibility and reduce their exposures even more drastically by creating protected work and home environments.

#### 4. WHAT CAN BE DONE TO REDUCE OR ELIMINATE INDOOR POLLUTION?

4 The creation and maintenance of a healthful indoor environment depends largely upon insuring adequate ventilation. This is the most important aspect of indoor pollution difficulties, especially in so-called "energy efficient" buildings that have been sealed up by the excessive use of insulation, calking, and other weatherization devices. In addition, the energy "crisis" has all too often served as an excuse for building operators to reduce legally required ventilation rates in commercial and residential buildings. Following are some of the actions which will increase ventilation and/or decrease the need for ventilation in most buildings:

- Open available windows to "air out" your home at least once a day.
- Keep some window space partially open, especially while cooking and while heating system is running.
- When using air conditioning, open outside vents periodically so that you are not simply recirculating stale indoor air continuously.
- Avoid excessive "winterization".
- Use kitchen exhaust fan when cooking.
- Read product labels carefully so that additional ventilation may be planned when using products generating additional pollutants.
- Consider the use of an air-to-air heat exchanger or other relatively energy efficient ventilation device if the other options above are not viable.
- If you use a humidifier (and you certainly should use one, when appropriate during the heating season) keep it clean.
- Select furnishings and building materials that are made of natural materials such as wood (not pressed wood, particle board, etc.), wool, cotton, etc.
- Avoid wall to wall carpeting, if possible, with preference given to hardwood flooring.
- Keep your home, especially the bedrooms, dust-free. Combine frequent vacuuming and dusting with uncluttered work areas, enclosed book cases, and filing cabinets.
- Avoid the use of polluting products, such as aerosols, perfumed products, pesticides, tobacco, candles, fireplaces, and others discussed above.
- Be aware of sources of outdoor pollution in your area, such as loading docks, garbage collection areas, smokestacks from other buildings, incinerators, idle vehicles, and exhaust vents from clothes dryers. Determine time patterns for these sources and keep exposed windows closed.
- Make it a clear-cut policy for your home or apartment building that smoking and room "scents" are not allowed, that the use of fabric softeners is discouraged in the laundry room, and that polluting activities such as patio cook-outs are permissible only to the extent that they do not interfere with other residents' basic enjoyment of their living space and other activities.

If all the aforementioned steps have not succeeded in improving your indoor pollution problem, it may be necessary to seek medical assistance. The names of Clinical Ecologists in your area are available from the Human Ecology Action League (HEAL), P.O. Box 1369, Evanston, Illinois, U.S.A. 60204. HEAL also publishes materials aimed at the individual who is more susceptible to the adverse effects of chemical pollutants in the indoor and outdoor environments. (EDITOR'S NOTE: In Canada, address your enquiries to The Human Ecology Foundation of Canada. Your QUARTERLY would be happy to put you in touch with THE CANADIAN SOCIETY FOR CLINICAL ECOLOGY AND ENVIRONMENTAL MEDICINE)

In such an instance, it may be that the removal of offending furnishings, and even building materials could be necessary. However, before undertaking such expenditures, it is important to have an understanding of which substances you seem to be "sensitive" to. Otherwise, even a well-intentioned remodeling may end up costing a great deal and failing to solve the underlying pollution problem.

Another option in fighting indoor pollution is the treatment, or filtration, of the indoor air. This option is the least recommended since it is relatively unreliable and does not address the source of the pollution. However, in some circumstances, air filters may provide much needed relief from the effects of indoor pollution. These air filters come in widely varying sizes, costs and efficiencies. Caution is the word of the day when selecting air filters, since very few will address most of the pollutants of concern.

Air filters are generally constructed to address two very different types of indoor pollutants: gases and particulates. Unfortunately, most filters are designed to handle only one of these two classes of pollutants, and most of the remainder operate at very low efficiencies. The first step in selecting an air filter is to determine whether your primary pollution problem concerns gases or particulates. If formaldehyde is the main problem you may be best off with a filter that focuses on gaseous pollutants. However, if dusts and pollens are your problem, a conventional particulate filter might fit the bill nicely. More often than not, the problem is combined gas and particulate pollution, which will require greater research effort on your part.

The next step is to determine the size of the room(s) to be filtered and to find filters with this capacity. Additional considerations are the serviceability of the filtering device, the costs and availability of replacement filters, the reliability of the company, and the track record of the particular filter in meeting the needs of the "sensitive" populations. Some of this information may be secured from groups such as HEAL (and H.E.F. Canada).

Of course, there are certain types of filters to be wary of. Electronic air cleaners, using electrostatic precipitation, are

touted by several very large manufacturers. However, they may generate enough ozone to counter any benefits they offer. In addition, these cleaners are totally ineffective against gaseous pollutants. One should also be wary of these cheap units one finds in discount stores. Selling for somewhere between ten and thirty dollars, they often do little more than stir up the dust.

Negative ion generators have been much in the media for the last several years. They often promise to rejuvenate your home so that it feels as fresh as Niagara Falls, etc. While there is some evidence that these devices will cause particulate pollutants to precipitate out onto your walls, etc., there is no evidence that they are effective against gaseous pollutants. In addition, some of these units produce substantial amounts of ozone. Buyer beware.

#### POLLUTION IN THE SCHOOLS

So far, the discussion has related to the general topic of indoor pollution, with a specific focus on the home. However, as stated earlier, each particular building, and each particular person, has its own indoor pollution problems. In addition, there are certain types of buildings for which special care must be taken. Among these are schools.

Following are some of the major indoor pollution problems in schools:

- REDUCED VENTILATION for energy conservation purposes. Since schools pay a great deal of money for heating and cooling, it is a constant temptation to cut costs by reducing ventilation. Such actions, however, may be quite dangerous.

- PESTICIDE AND HERBICIDE SPRAYING, both inside and outside the school building.

- HARSH CHEMICAL CLEANING AGENTS AND SOLVENTS.

- CHEMICALS FOUND IN CHEMISTRY AND BIOLOGY LABORATORIES. These include formaldehyde, ether, and various acids which may produce dangerous fumes. Many schools do not have and use special ventilation "hoods" where such substances might be used in safety. This is a special problem where the school reduces its general ventilation as previously discussed.

- EMISSIONS FROM BOILERS. If the school heating system is not properly maintained, fumes can spread throughout the building. Some fumes, such as carbon monoxide, can not be detected because they are odorless and colorless. Again, it is tempting for school districts to reduce expenditures for boiler maintenance in times of tight budgets.

-ASBESTOS. Many schools throughout the nation were constructed with asbestos in ceilings and other areas. The Environmental Protection Agency has a program to help identify these schools. However, the potential costs of remedial measures has prompted many local school officials to simply close their eyes. Asbestos is a carcinogen.

-ATHLETIC FACILITIES ARE OFTEN SPRAYED WITH DISINFECTANTS. Molds are an important problem in locker rooms, but the chemicals used to remove them may be more hazardous. Care should also be used with chemicals used in swimming pools.

In general, schools are of great concern because children are peculiarly susceptible to some of the adverse health effects of chemical pollutants. School pollutants, therefore, have the added potential for reducing the child's attention span, reducing achievement, and creating behavioural problems. We may never know how many children have had their performances in school affected by indoor pollution-induced problems.

#### CONCLUSION

Indoor pollution is a very serious problem in our society. As the numbers and amounts of chemicals we are exposed to increases, one can expect the incidence of pollution-induced diseases (both "medical" and neuropsychiatric) to increase. As a result, each of us must become increasingly familiar with the pollutants in our own environment. With so many exposures not within our control, it is imperative that we educate ourselves so that we can limit exposures to those hazards which are within our control. In the meantime, we can also work to convince our governmental representatives and agencies that a massive effort is needed to determine which indoor pollutants are serious hazards and what measures can be taken to control them.

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## ENVIRONMENTAL MEDICINE

### THE TYPE 1/TYPE 2 ALLERGY RELIEF PROGRAM by Alan Scott Levin, M.D., and Merla Zellerbach

(Excerpts reprinted with the permission of the authors.)

#### TWO TYPES OF ALLERGY

The designation of Type 1 and Type 2 allergies is unique to this book, but the concept is familiar to the many physicians and researchers who have been pondering these categories for years.

To be specific, a Type 1 person is anyone with "traditional" allergic responses to pollens, dust, animal dander, molds, bee stings, wool and other natural fibers, and some foods. Type 1 patients sneeze, wheeze, cough, scratch, ache, and look puffy, because the primary target organs for Type 1 reactions are the nose and respiratory system, the skin, eyes, ears, gastrointestinal tract, and, occasionally, the brain.

In contrast, the Type 2 person reacts mainly to chemicals in the environment and to foods and their additives. Symptoms vary widely and seem unrelated to conventional notions of allergy. The most surprising and dramatic Type 2 reactions are the cerebral and behavioral responses, which include migraine headaches, confusion, memory loss, personality changes, mood swings, hyperactivity, and depression.

Most Type 1 allergies start at infancy or in childhood and result from an inherited tendency plus exposure to foods, pollens, dust, and other organic substances. Symptoms may subside in early adulthood or continue for a lifetime.

Type 2 allergies usually first appear in hyperactive children or in adults in their twenties or later, and - possibly because of hormonal changes - affect more women than men. Symptoms spring from heavy exposure to chemicals, or a viral illness, and subside when chemicals are avoided.

There is no absolute straight line dividing Type 1 and Type 2 allergens - substances that cause allergies - any more than one can say that all people have only Type 1 or Type 2 symptoms. Depending on the weather, other illnesses they may have, emotional stresses, and degree of exposure, the line may blur. A Type 1 hay fever victim might develop a Type 2 sensitivity to the pesticide sprayed on his crops. A chemically allergic Type 2 might become intolerant of house dust. But even with the occasional overlap, the majority of people fall into one category or the other.

You might wonder how such different groups of symptoms can be said to be the same ailment. The answer is that both fit the



traditional definition of allergy: ADVERSE RESPONSES TO SUBSTANCES THAT DON'T CAUSE ADVERSE RESPONSES IN MOST PEOPLE. Both are the result of impaired white blood cells known as T cells, which leave the immune system unable to function as it should. And both are governed by your TOLERANCE THRESHOLD.

To understand the term "tolerance threshold", think of the proverbial straw that broke the camel's back. You can endure a certain amount of exposure to dust or chemicals or whatever you're allergic to without having symptoms. But once you pass a point and cross that threshold, your system has been overloaded with allergens and you react. Every human being, in fact, is allergic; it's just that people who are "not allergic" have never passed their tolerance threshold.

A glance at the following lists should provide a better idea of the differences in the two types of response. Remember that this is just a guideline; Type 1 persons sometimes get Type 2 symptoms, and Type 2 persons can get every possible symptom known to psychiatry and medicine. Since the range of Type 2 symptoms would fill a chapter in itself, this listing is limited to reactions that seem typical.

THE MOST COMMON TYPE 1 SYMPTOMS OCCUR MAINLY in response to dust, pollens, animal dander, molds, and foods, and include the following:

#### RESPIRATORY

Hay fever and asthma; Itchy, teary, red eyes; Swollen lids; Dark circles under eyes (allergic shiners); Sensitivity to light; Sinus headache; Facial swelling or puffiness; Pain or pressure in ears; Sensitivity to loud sounds; Congested nose, watery discharge, sneezing; Loss of ability to smell or taste; Itching and tingling of mouth and palate; Sore throat from postnasal drip; Loss of voice; Hypersensitivity to heat, cold, temperature changes; Coughing, wheezing, difficulty in breathing; Chest pain.

#### GASTROINTESTINAL

Nausea and vomiting; Abdominal pain or cramps; Diarrhea.

#### GENITOURINARY

Frequent urination; Urgency of urination; Bedwetting.

#### SKIN

Eczema (a dry, itchy rash); Hives, local or generalized; Angioedema (giant hives associated with swelling); Itching and redness from insect bites, possible throat swelling and shock reaction.

#### SYSTEMIC

Chills; Fatigue.

#### CEREBRAL

Sinus headache; Loss of appetite; Dizzy spells, lightheadedness; Irritation, malaise.

THE MOST COMMON TYPE 2 SYMPTOMS OCCUR MAINLY in response to synthetic chemicals and foods, and include the following:

#### RESPIRATORY

Dry mouth; Ringing in ears; Sensitivity to odors.

#### GASTROINTESTINAL

Gain in weight; Craving for food, alcohol, or tobacco; Constipation.

#### GENITOURINARY

Chronic bladder irritation; Bedwetting; Premenstrual tension; Menstrual cramps.

#### SKIN

Sweating; Flushing.

#### SYSTEMIC

Fluid retention in any part of the body; Unexplained fluctuation of weight; Muscle and joint swelling, redness and pain; Backache; Fatigue.

#### CARDIOVASCULAR

Abnormal heart rhythms; Severe chest pain.

#### CEREBRAL

Migraine headaches; Changes of mood: lack of ability to concentrate; feelings of sadness, weariness, frustration, animation, euphoria, aggressiveness, anger, panic, violence, silliness, "spaciness"; Inappropriate laughter; Crying spells; Impairment of speaking and reading ability; Lack of coordination; Loss of balance; Excessive hunger or thirst; Sleepiness or insomnia; Phobias, delusions, hallucinations; Amnesia; Convulsive seizures; Blackouts; Psychosis such as manic depression or schizophrenia.

### TYPE 2 SYMPTOMS MOOD AND BEHAVIOR CHANGES

The most striking symptoms of Type 2 allergies are the cerebral and behavioral reactions. Depression, paranoia, extreme fatigue, hyperactivity, delusions, hallucinations, panic, amnesia, blackouts, and manic, phobic, and violent responses may all be linked to everyday substances that surround us. Somewhat milder symptoms include dizziness, confusion, irritability, lack of motivation, memory loss, unusual sensitivity to sounds and odors, a feeling of spaciness, slurred speech, difficulty in concentration, and minor personality changes.

It must be emphasized here that not all cerebral symptoms are caused by allergies. The traditional Freudian approach holds that mental illness is a result of the patient's genetic

inheritance, childhood experiences, sexual development, and the stresses of living. Hereditary tendencies plus emotional strains can undoubtedly elicit symptoms ranging from mild depression to catatonic (comatose) schizophrenia.

But chemicals can affect the brain, too, and in many more ways than the average person realizes. Clinical ecologists estimate that at least seven out of ten people who have mental problems are allergic to foods, inhalants or chemicals - or to all three - and that these allergies directly cause or intensify brain malfunctions. They're convinced that allergic reactions are one of the major causes of violence in America, having witnessed and treated thousands of cases of Type 2 "cerebral allergy"; patients previously diagnosed as neurotic or insane who did not respond to conventional therapies but who became miraculously "sane" in a matter of days. And the answer was often as simple as eliminating a food, a chemical, or a substance from the environment.

#### TYPE 2 ALLERGENS

In a typical household on an average morning, typical people wake up on synthetic foam-rubber mattresses snuggled between cotton-polyester sheets and acrylic blankets, clothed in nylon sleepwear, their heads resting on Dacron pillows.

When they arise, their feet touch the polypropylene carpet as they walk to open the rayon drapes. They move to a chair padded with polyurethane and covered with polyvinyl, put on their drip-dry robes and acrylic slippers and patter to the bathroom. There they brush their teeth with plastic toothbrushes, using artificially colored and flavored toothpaste. Hot water fills the air with chlorine fumes mingled with the perfumed scents of the soap, shampoo, and plastic shower curtain. She applies some chemical dyes to her face, he "purifies" his breath with aerosol spray.

They dress in polyester, mothproofed wool, and no-iron cotton and then sit down to breakfast. The eggs, sizzling in a Teflon pan, are full of hormones; the butter has been dyed yellow; the bacon is preserved in nitrites; the grapefruit was grown with synthetic pesticides and fertilizers; the English muffins have been processed with flavorings, extenders, and emulsifiers; and they've all been packaged in polyethylene and stored in refrigerators insulated with polyurethane and cooled by chlorofluorocarbons. What a mouthful - literally!

They then drive to work in a car loaded with synthetic rubber, plastic, and polyurethane, powered by gasoline. And so it goes. Life without synthetics would be unimaginable.

Fortunately, most of these compounds do not bother most people, but the number of chemically sensitive patients is growing at an alarming rate. This is mainly due to the process of OUTGASSING -

that is, the giving off of gases. Seemingly inert materials such as plastic or synthetic fibers all have volatile components that evaporate slowly and constantly, emitting undetectable fumes into the air.

Over twenty-five years of clinical experience have identified the compounds that do the most damage to the immune system and cause the greatest number of Type 2 reactions. "Immunotoxic" chemicals fall into four main categories:

1. Petrochemicals
2. Halogens
3. Sulfur
4. Ammonia

These four categories are like the biological food families in that an allergy to the chemical in any one product may indicate a sensitivity to all associated products. If you're bothered by the chlorine in swimming pools, for instance, you should think twice before adding bleach to your laundry.

The greatest menace to Type 2 persons are the fumes from elements found indoors, where the typical American spends 90 percent of each day. According to a study done by the National Aeronautics and Space Administration, even woods and metals give off gases to some degree. Here is NASA's list of the outgassing capacity of common materials, listed in decreasing order, starting with polyesters, which outgas the most:

- |                  |              |
|------------------|--------------|
| 1. Polyesters    | 8. Aluminum  |
| 2. Polyethylenes | 9. Copper    |
| 3. Polyvinyls    | 10. Hardwood |
| 4. Silicones     | 11. Iron     |
| 5. Epoxies       | 12. Steel    |
| 6. Polyurethanes | 13. Ceramic  |
| 7. Fluorocarbons | 14. Stone    |

Dr. Phyllis Saifer, a clinical ecologist in Berkeley, California, and her husband, biophysicist Mark Saifer, have prepared another list that gives the most common sources of the seven top NASA offenders:

**POLYESTERS:** fabrics for clothing, upholstery, drapery, and bedding; stuffing for pillows, quilts, furniture, and winter garments.

**POLYETHYLENES:** food and milk containers.

**POLYVINYLs:** shower curtains, leatherette upholstery, artificial flowers, gas and water pipes, and electrical conduits.

**SILICONES:** used as a sealant to keep water out of dishwashers, washing machines, refrigerators, and all other major appliances.

**EPOXIES:** adhesives on plastic articles and on electronic equipment such as home computers, television sets, and microwave ovens.

POLYURETHANES: pillows, mattresses, furniture stuffing, and building insulation.

FLUOROCARBONS: Teflon utensils and the freon gas that leaks from refrigerators and freezers.

The Saifers have added to the list of common indoor pollutants:

BUILDING MATERIALS: brick, concrete and granite can emit radioactive radon gas.

CAR EXHAUST: from cars stored in garages.

CHLORINE: in tap water, bath water, dishwashers, toilet bowls, and bleach.

FIREPLACES: ink fumes from burning newspapers and other objects, preservatives used to treat wood, synthetic logs.

FORMALDEHYDE: plywood, paper products, fabric finishes, air deodorizers, and many other products.

INKS: in newsprint, books, and felt-tip markers.

NATURAL GAS: stoves, furnaces, clothes dryers and water heaters.

PESTICIDES: on pets and in foods, fumigants, and mothproofing.

PAINT: stored in cans not tightly sealed.

SMOKE: cigarettes, cooking.

WOODS: used in home construction, furniture, and flooring. Soft woods such as fir, cedar, redwood and pine have resins or terpenes (Christmas tree odor) that can outgas for years.

Many Type 2 symptoms, including headaches, make a dramatic first appearance after some type of insult to the body. It could be a short-term exposure to high concentrations of toxic materials from an industrial accident, or it could be long-term exposure to lesser concentrations from a poorly ventilated home or office. Other factors that can bring on Type 2 symptoms are psychological stress and severe viral attacks such as mononucleosis, influenza, or hepatitis.

Heat should be mentioned here, even though it is not strictly a Type 2 allergen. It can, however, change a substance into a more allergenic form. All synthetic products, such as clothing, furnishings, cosmetics, and cleaning solvents, may begin to outgas when exposed to heat. The summer sun beating down on tars and asphalt in roads and rooftops also increase outgassing.

## TESTING, TESTING

If you were never before aware of Type 2 allergies and their influence on health and behavior, you may never have suspected the reason for your physical or mental problems. Now that you are aware, you may want confirmation. An orthodox practitioner does not test for chemicals and may even diagnose you as "nonallergic" because you don't react to skin tests for dust, pollen, or cat hair. If you get a mild reaction to an inhalant, he may even start you on shots that contain phenol and glycerin preservatives, which - if you're chemically sensitive - could make you worse.

Only a clinical ecologist tests for chemical allergies. He will take a detailed medical history, examine you physically, and, if the facts warrant, suggest provocative testing with tiny sublingual doses of antigens. This must be done in a clean-air office under close supervision. If your reactions are generally mild ones, you may want to first test yourself at home. It could be risky, so be sure to get your doctor's okay.

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EDITOR'S NOTE: The excerpts you've just read were taken from the following sections: Chapter 1 - BREAKTHROUGHS ON THE ALLERGY FRONT - Two Types of Allergy; Chapter 3 - PORTRAIT OF A TYPE 2 - Type 2 Symptoms (Mood and Behavior Changes), Type 2 Allergens, and Testing, Testing. THE TYPE 1/TYPE 2 ALLERGY RELIEF PROGRAM, written by Dr. Alan S. Levin and Merla Zellerbach, is published by Jeremy P. Tarcher, Inc., 9110 Sunset Blvd., Los Angeles 90069. It is available in paperback (\$ 9.95 in Canada), and contains information on testing procedures; at-home self-treatment; office, home and vacation strategies; the Allergy-Obesity diet; medical breakthroughs; choosing the right allergist; food sensitivity diets; detailed explanations of "traditional" Type 1 and "environmental" Type 2 allergies; Universal Reactors; new and alternative techniques, and more. Dr. Levin is in private medical practice in San Francisco and is active in research and teaching as an adjunct associate professor of immunology and dermatology at the University of California, San Francisco, School of Medicine. He is certified by the American Board of Allergy and Immunology and the American Board of Pathology, and is also a member of the Academy of Allergy. Merla Zellerbach is a newspaper columnist and contributor to national magazines, and a frequent lecturer on allergies. Check your local book and health food stores (I found my copy at Vita Health), and add this excellent book to your library (suggest it to your allergist, and family physician, too). Our thanks to the authors for permission to reprint excerpts.

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## HYPERACTIVITY AND LEARNING DISORDERS

by Sharon Faelten and the Editors of Prevention Magazine

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### HYPERACTIVITY

Hyperactivity is the everyday term for what medical books refer to as "attention deficit disorder with hyperactivity". Call it what you will, however, 10 percent of all American children (most of them boys) are now hyperactive to some degree. While there are over 100 possible symptoms of hyperactivity, children with the problem are generally restless, impulsive and agitated. Their attention spans are often so short that they turn from one task to another without completing any. They frequently swing from quiet withdrawal to sudden rage with little or no provocation. They run wild, throw things, whine and pick on siblings.

In short, the hyperactive child is the ultimate "problem child". Babysitters are scarce. Parents are at the end of their rope. At school, hyperactive children can't sit through class, so they're often labeled troublemakers. They do poorly at schoolwork - despite normal or even above-normal intelligence. Teachers give up.

Hyperactive kids themselves don't feel very good about their behavior, either. They can't control their actions, no matter how much they want to. AND THEY DO WANT TO.

Not every hyperactive child is the reincarnation of Attila the Hun, of course. Hyperactive behavior varies from occasional outbursts to nonstop "parent abuse". And to some degree, hyperactivity may be in the eye of the beholder. What's hyperactive to Grandma may be simply normal spunkiness to a more patient adult.

How do you know, then, whether or not your child is active or hyperactive? If your child's moodiness and tantrums interfere with schoolwork, alienate all of his or her playmates and disrupt the household, you may be living with a hyperactive. And it's time to do something about it, for your sake as well as the child's.

## THE BEST TREATMENT

For years, the only known treatment for hyperactive behavior was daily doses of Ritalin, an amphetaminelike drug that suppresses hyperactivity. Many parents, of course, were uneasy about putting their children on a drug. But short of calling in an exorcist, parents were given no other choice. Even then, Ritalin worked in only 50 percent of the children for whom it was prescribed. And while behavior improved, concentration and learning skills did not.

Ten years ago, real hope emerged. The late Benjamin Feingold, M.D., an allergist and pediatrician in San Francisco, proposed that hyperactive behavior is caused primarily by food additives. (He also suspected aspirin-related compounds known as salicylates found in various fruits.) Placing a hyperactive child on a diet free of those additives and compounds, said Dr. Feingold, produced a dramatic improvement in behavior in 50 percent of the children treated. Dr. Feingold published his dietary theory and program in two popular books, WHY YOUR CHILD IS HYPERACTIVE (Random House, 1975) and THE FEINGOLD COOKBOOK FOR HYPERACTIVE CHILDREN (Random House, 1979).

Parents of hundreds of thousands of hyperactive children, eager for an alternative to Ritalin, put their children on the diet. And happily, many children improved. Yet in other children there was no change. Because the Feingold diet worked for some children - but not others - critics began to wonder if there was any real basis to the claims that the Feingold diet was a success. Any many pediatricians flatly rejected the notion of any link between diet and hyperactivity. (Some still do.) Other pediatricians, however, believe that the Feingold diet fails because it doesn't consider ALL possible triggers. It's true that food coloring, flavoring and preservatives (such as BHA and BHT) can cause hyperactivity. But, say these doctors, so can sugar, milk, wheat - or any other food, for that matter. And they point out that hyperactive behavior was first described in medical journals over 100 years ago - long before artificial additives became standard food ingredients.

These doctors have found that once the offending food or food ingredients are identified, diet therapy for hyperactivity works quite well - in almost all cases. One of these pediatricians is William G. Crook, M.D., of Jackson, Tennessee.

"In my opinion," says Dr. Crook, "too much of the controversy over diet and hyperactivity has revolved around the food colors, dyes and additives, rather than taking a broader look at the child's diet and considering the possibility that the hyperactivity may be related to adverse or allergic reactions to other common foods, including sugar, milk, corn, wheat, eggs, chocolate and citrus fruits.

"In my experience and in the experience of many other physicians who have placed their patients on properly designed and carefully



executed elimination diets, most hyperactive allergic children will improve within five to seven days after being placed on such a diet. However, in approximately 20 percent of my patients, the symptoms do not improve significantly until the offending food or foods are avoided for 8 to 14 days. And occasionally, a three-week period of avoidance is required." (PEDIATRICS, August 1981)

Whether your child responds sooner or later may depend on age. Over the years, Dr. Feingold observed that younger children seemed to respond much sooner than older children and teenagers, probably because older children have been exposed to chemicals longer. Either way, parents who see their little hellions transformed into cherubic darlings in a matter of days feel their prayers have been answered at last.

#### FINDING THE CAUSE OF YOUR CHILD'S HYPERACTIVITY

Naturally, it would be helpful if a test existed to identify the foods at fault in hyperactivity. But as we mentioned in earlier chapters, skin tests rarely detect food allergy accurately, and blood tests are very expensive. For those reasons, many pediatricians feel that elimination diets are still the best method.

Doris J. Rapp, M.D., author of ALLERGIES AND THE HYPERACTIVE CHILD (Sovereign Books, 1979), has done some of the most extensive work on diet and hyperactivity. To find out if hyperactivity in a child is related to food, Dr. Rapp recommends that parents put their child on "a simple diet composed solely of fruit, vegetables and regular meats (no sausage, luncheon meats and the like) for one week, and then restore the questionable foods one each day during the second week (i.e. milk, wheat, eggs, sugar, dyes, corn and chocolate) and note the effect of each food (LANCET, May 15, 1982).

Incidentally, salicylate-containing foods may cause problems in children allergic to aspirin, a salicylate compound. But Dr. Feingold told us that he had reconsidered the role of salicylates and thought that they weren't nearly as much of a problem as additives.

To help identify those children who are most likely to respond to a change of diet, Dr. Rapp gives this thumbnail sketch of the child who most often experiences food-related hyperactivity: "If they have dark eye circles, bright red ears and a glassy look when the Jekyll and Hyde behavior develops, the answer may be a food. These children often have associated classical hay fever or asthma symptoms, headaches, abdominal complaints, leg aches and (other) behavior problems. The symptoms are often triggered by the very foods they crave (sugar, peanut butter, orange juice, apple juice) or foods they detest" (LANCET, May 15, 1982).

The nicest thing about dietary control of hyperactivity, say doctors who use it, is that it's totally safe.

"In medical school we learn, or common sense tells us, that if a treatment will not harm and may help the patient, then it should be available to the patient and used," says Richard G. Wanderman, M.D., of Memphis, Tennessee in a letter written to a medical newspaper and supporting dietary therapy of hyperactivity. "Is there anyone who will say that a good, nutritious diet without added chemicals, overly processed foods and poorly prepared foods will harm a patient?" (FAMILY PRACTICE NEWS, June, 1982).

An added bonus is that even normal but active children behave better on a controlled diet. In a study of 300 elementary school children, researchers found that after two weeks on the Feingold diet, even nonhyperactive children were less easily distracted, could concentrate on work or play, and were less fidgety and demanding of attention (JOURNAL OF LEARNING DISABILITIES, March 1981).

The only real problem with a controlled diet is that some hyperactive children may begin to see themselves as sickly or somehow different from other children. Parents can minimize that problem by taking a positive attitude toward dietary changes and following these tips.

Don't give a hyperactive child the impression that you find preparing special dishes to be a burden or nuisance. Instead, make "safe" foods that the whole family can enjoy.

Include the child in meal planning so he or she feels that his or her personal preferences count. That way, the diet will seem more like a game than punishment or therapy.

Keep the child off cola drinks, tea, chocolate and other caffeine-containing foods. The last thing an overactive child needs is more stimulation.

Read labels like a hawk. Be sure to watch out for unsafe ingredients in products such as toothpaste or chewing gum - or anything that goes into your child's mouth, for that matter.

Routinely record your child's behavior and diet, even if it is a simple matter of rating how good or bad the day's behavior was on a scale of 1 to 10 (10 being excellent or uneventful, and 1 being the worst).

In addition to eliminating the bad foods, increase the good. That will build up the child's resistance to colds, sore throats and ear infections. Your child will be sick less often and have a better self-image.

Don't overreact to minor infractions. Kids can't be expected to have any more willpower than adults when it comes to sticking to a diet 100 percent. Accept the fact that, once in a while, Johnny or Susie will sneak a soda or whatever. To help minimize these opportunities, though, keep plenty of safe foods in the cupboard and refrigerator - with enough variety available so that your child has lots to choose from. And be sure to send your child off to school with a favorite "safe" snack or two tucked in his or her lunch.

Be on the alert for all forms of sugar, including corn syrup, honey, brown sugar and molasses. Doctors say that sugar in any form seems to fuel hyperactivity, no matter what else the child

is allergic to. A pediatrician in Denver told us that he recommends diluting fruit juices with 50 percent water, to help reduce a child's total sugar intake.

Set an example. Children are born mimics, and you're going to have a hard time getting a youngster to avoid sugar and additives if you routinely swig soda and snack on junk food.

#### ADULTS CAN BE HYPERACTIVE, TOO

Parents may find themselves a lot calmer after their child's been on a good diet for a few weeks. First of all, they have a less disruptive child to contend with. Second, they may have been a little hyperactive themselves and not realized it.

While most hyperactive behavior appears in children, adults aren't immune. After all, we eat a lot of the same foods. (In fact, one of the very first people whom Dr. Feingold noticed reacting to food additives was a 26-year-old woman.) The only difference between us adults and our children may be that we've learned to modulate our behavior.

How can you tell if you've been a little hyperactive? Well, you probably couldn't concentrate on your work for more than five or ten minutes at a time. You didn't sleep well. You were easily irritated and always a little excited. In fact, a lot of the impatient, aggressive "Type A" behavior exhibited in people at high risk for heart disease and other stress-related disorders may be a reaction to foods to which they are allergic. So if you tend to be fidgety and impulsive, you should take a serious look at what you've been eating, too.

That's specially important for mothers of hyperactive children who are expecting another child. Dr. Feingold told us that there's a good chance that exposure to hyperactivity-triggering foods during pregnancy plays a big role in determining whether or not the child will be hyperactive. And breastfeeding is the best insurance you can take against food allergies of any kind.

Child or adult, however, a successful response to a change in diet reinforces good behavior: once behavior improves, and when an individual feels better about himself or herself, self-esteem goes up and the hyperactive behavior fades away into a bad memory. It's a real joy to see the face of a disruptive, moody child transformed into one that says, "Color me happy."

#### LEARNING DISORDERS

Children frequently complain, "I'm allergic to school!" Parents smile at this whimsy; they know the "allergy" for what it is. Yet, in a very real sense, children CAN be allergic to school. For if a child begins the school day with a breakfast of foods to which he or she is allergic ... and then is exposed to airborne allergens such as classroom dust, the odor of floor wax and industrial cleaners ... and then eats lunches and snacks laden

with additives and colorings ... well, schoolwork is bound to be affected. The child may read below grade level, spell poorly and lag in math skills. He or she may not understand verbal instructions. Handwriting could deteriorate to chicken-scratch. He or she may have trouble copying from the board. So he develops school phobia - headaches, stomachaches - anything to avoid the situation. All of which prevents an allergic child from realizing his full potential. Teachers are likely to say, "He'd do better if he'd just try."

Allan Leiberman, M.D., a South Carolina pediatrician, says, "I'm totally convinced that a lot of learning disabilities are caused by kids' adverse reactions to multiple ecological factors - allergies - and if you reduce or neutralize their total allergic load by altering their diet and environment, most of them can be helped. A growing number of doctors like Dr. Leiberman are finding that nonreading and other learning problems are due to something in the diet or environment, not laziness or orneriness.

"Allergies affect different areas of the brain in different children," says Doris J. Rapp, M.D., a pediatrician and allergist in Buffalo, N.Y. "For example, we've seen reading ability plummet from eighth- to fifth-grade level because of an allergic challenge. And in one particularly graphic study, we noticed handwriting changes. The children's writing became large, irregular, upside-down - there was letter reversal, even mirror-image writing."

Learning disabilities can be caused by factors other than allergy, of course: visual or hearing problems; lead exposure; nervous system damage during birth or childhood illness; hereditary problems. But Jerome Vogel, M.D., medical director of the New York Institute for Child Development, says that over 75 percent of the learning-disabled children seen at the Institute have allergies or food sensitivities that interfere with their behavior and learning processes.

Besides affecting perception directly, allergies can interfere with children's learning ability by making them hyperactive. Overactive children are too busy to learn. They can't concentrate long enough to listen to the teacher's instructions, let alone carry them out. Or they simply can't sit still long enough to finish an assignment.

Since the hyperactivity often coexists with learning disabilities the stock treatment for either is often a prescription for Ritalin. But while Ritalin appears to lengthen attention span and enhance concentration in children, it does absolutely nothing for actual learning ability. What Ritalin does is turn the child into a robot: he may be able to do a few simple tasks over and over, but he can't respond to novel situations and learn new tasks. Such children soon develop a poor self-image and become convinced that they are, in fact, stupid.

Treating learning disabilities and/or hyperactivity with a nondrug therapy - mainly diet - is a better, safer way to remove the obstacles to learning. And certain foods turn out to be more common obstacles than others. "Refined sugar leads the list of foods that such children cannot tolerate," says Dr. Vogel.

"We change a child's behavior dramatically by lowering his or her intake of sugar," says Patricia Hardman, Ph.D., director of the Woodland Hall Academy, a school for children with hyperactivity and learning disabilities in Maitland, Florida.

"We had one child who was tested for his IQ and scored 140. Three days later, he was tested and scored 100! It turned out that Grandma had come for a visit and that morning had made the child pancakes for breakfast; of course they were smothered in store-bought, sugary syrup. Well, we waited another three days - three days without sugar - and tested him again. Sure enough, he scored 140. There's no doubt about it. Sugar makes children poor learners.

"If a child comes to school extremely depressed or complains that nothing is going right, or if he flies off the handle and can't be controlled, we ask him what he's been eating. It's almost always the case that the night before he had ice cream or soda or some other food with a lot of sugar. At Woodland Hall," says Dr. Hardman, "sugar is eliminated from the diet of every child."

Throwing out sugar often involves the elimination of many highly processed additive-laden foods - and with them go many of the most common causes of food allergy. Robert W. Boxer, M.D., an allergist in Skokie, Illinois, says, "If every family physician and pediatrician put all of their patients with hyperactivity, learning disabilities or behavioral disorders on a sugar-free, white-flour-free, chemical-free and caffeine-free diet, I think 80 percent of our problems would be improved."

Of course, learning disabilities can show up as late as during high school or college years. But some parents notice the child is different at a very early age, even though teachers continue to pass the child along from grade to grade to avoid dealing with him or her two years in a row. But ignoring the problem only puts more distance between the child's achievements and potential. If your child is learning disabled and physical causes have been ruled out, you owe it to your child's future to consider allergies - of ANY kind.

Just as there's no one curriculum for each and every child, there's no ONE diet for learning improvements. "When it comes to allergy-induced learning disabilities, we have to consider the entire world as potentially guilty," says Gary Oberg, M.D., a pediatrician in Crystal Lake, Illinois. "If you concentrate on only food, you may miss the boat."

Doctors find that when the allergens are identified and removed, the child performs better. He's calmer, pays attention longer,

finishes his work, writes more clearly and is less impulsive. When he performs better, he receives praise - and self-esteem increases. That, in turn, motivates him to try harder. Allergy control gives learning ability quite an effective boost.

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EDITOR'S NOTE: HYPERACTIVITY and LEARNING DISABILITIES are only two of the informative entries in Part V - Allergic Reactions from A to V - excerpted with permission from THE ALLERGY SELF-HELP BOOK. In the March 1986 edition of the Quarterly, we will reprint an excerpt from Chapter 14, entitled WHAT TO DO IN AN ALLERGIC EMERGENCY. Our thanks to Rodale Press, Inc., in Emmaus, PA. Check the bookshelves in your local health food stores and booksellers for this latest publication by the people responsible for 'PREVENTION MAGAZINE'.

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PROBLEMS WITH SULFUR DIOXIDE AND SULFITES  
by John K. Blair, M.D., F.R.C.P.(C)

Sulfur dioxide is one of the components of air pollution and smog. All of us will react to this if the concentration is high enough (e.g. 4 to 5 ppm), but some people react to concentrations as low as 0.1 ppm. One type of reaction is asthma, or aggravation of pre-existing asthma.

For many years, sulfur dioxide and various sulfites have been used as preservatives in foods, drinks, and medications. The medical literature now reports increasing recognition of adverse reactions to these chemicals. Four articles in the ANNALS OF ALLERGY (February, March, and May 1985) review the problem.

Sulfites in foods seem to be perfectly safe for most people, but in a small portion of the population, they can cause severe reactions. At least 6 deaths have been documented in the United States. It is likely that many reactions have not been reported, or have not been recognized as being related to sulfites.

Asthma is the best known reaction to sulfur dioxide and related chemicals. Between 5 and 10% of all asthmatics react to these chemicals in low concentrations. This has been determined by challenge testing of people with asthma with increasing doses of sulfites by inhalation or ingestion. People with no history of wheezing can still react in this way if they are sensitive to these chemicals. Unless someone has food caught in his throat, sudden wheezing in a restaurant is likely a reaction to sulfite.

Some people react to sulfites with urticaria (hives and itching), or angioedema. The swelling in hives is superficial, but angioedema involves deeper tissue, and this may be associated with swelling of the face, lips, tongue, throat or larynx. Other reactions include nausea, vomiting, diarrhea, flushing, tingling, generalized itching, chest tightness, choking, low blood pressure and collapse.

Reactions to sulfites occur within 2 to 15 minutes of exposure. This will depend on the person, the type of exposure, and the dosage. Reaction can be dose related, as seen in challenge testing with doses of increasing amount or concentration. Doses of 5 to 50 mg of sulfite have provoked wheezing. The average Canadian diet contains 2 or 3 mg of sulfites daily. A wine or beer drinker may consume 10 mg or more daily, and as much as 100 mg could be consumed in a restaurant meal of alcohol, salad from the salad bar, processed or pre-peeled potatoes, and seafood.

When shopping for your home, you can look for the following names on food labels: sulfur dioxide, sodium or potassium sulfite, sodium or potassium bisulfite, sodium or potassium metabisulfite. Sulfites are popular in the food and drug industry because they

are among the best presently available antioxidants. They help to maintain the potency of liquid medications.

In restaurants you are never entirely sure what has been done to the food you order. In some restaurant salad bars (perhaps the minority) sulfites are used liberally to delay discolouration and prolong shelf-life of lettuce and other fresh vegetables.

In the wine industry, sulfur dioxide and potassium metabisulfite are used to kill bacteria on the grapes, to help stop yeast action after fermentation has reached the point desired, and to preserve the final product. These chemicals are also used in the beer industry.

#### PARTIAL LIST OF FOOD THAT MAY CONTAIN SULFITES

ALCOHOLIC BEVERAGES: beer, cocktail mix, red wine, white wine.  
NON-ALCOHOLIC BEVERAGES: colas, fruit drinks, Tang, instant tea.  
BAKED GOODS: baking mixes, cookies, crackers, crepes, pie crust, pizza crust, soft pretzels, quiche crust, tortillas, waffles.  
CANDY: hard candy, some soft candies - caramel.  
CHEESE: some kinds, including Cheese Whiz, Velveeta, American and Brie.  
CONDIMENTS: olives, relishes, pickles, salad dressing mixes, wine vinegar.  
FISH PRODUCTS: dried cod.  
FRUIT: dried fruit, golden raisins, apricots, apples; glazed fruit, marachino cherries; some fruit juices; Realime, Realemon, Welch's White Grape Juice.  
GELATINS/PUDDINGS/FILLINGS: fruit filling, gelatin, pectin jelling agents.  
GRAIN PRODUCTS: batter, breadings, corn starch, food starches, noodle/rice mixes.  
GRAVIES/SAUCES: milk based gravy, others.  
JAMS/JELLY: commercially made.  
PROCESSED MEATS: some sausage meats, minced meats.  
PROCESSED VEGETABLES: avocado mix, canned vegetables, dried vegetables, tomato paste, pickled vegetables, sauerkraut, processed potatoes, french fries, vegetable juices.  
SALAD BARS: lettuce, fresh fruit and vegetables.  
SEAFOOD: clams, crab, lobster, oysters, scallops, shrimps.  
SNACK FOODS: filled crackers, tortilla chips, potato chips.  
SOUPS: canned soups, dry soup mixes.  
SUGAR: white granulated, brown, raw, powdered.  
SYRUPS: corn sugar, dextrose monohydrate, fruit topping, glucose syrup, maple syrup, molasses, pancake syrup.

#### PARTIAL LIST OF MEDICATIONS CONTAINING SULFITES

Alupent syrup, Alupent liquid for nebulization  
Isuprel liquid for nebulization, or injection  
Epinephrine, Adrenalin  
Local anesthetics which contain epinephrine



Dexamethasone for injection  
Hydrocortisone acetate for injection  
Analgesics for injection: codeine, morphine, Talwin, Demerol  
Antibiotics for injection: sulfonamides, tetracyclines,  
aminoglycosides (gentamicin)  
Intravenous dyes or contrast solutions for x-rays

The metered dose inhalant sprays for asthma do NOT contain any sulfites. SUSPHRINE is the only available epinephrine or adrenalin solution which does not contain sulfites. IN THE MIDDLE OF A CRISIS, DON'T HESITATE TO ACCEPT ADRENALIN; IT MAY SAVE YOUR LIFE. If you are exquisitely sensitive to sulfites, then Susphrine would be better, providing this is immediately available. The local anesthetics without epinephrine do not contain sulfites.

If you have asthma, or unexplained episodes of urticaria or angioedema; if certain foods bother you in restaurants, but not when eaten at home; then remember the sulfite group of chemicals.

If you are exquisitely sensitive to this group of chemicals, then your safest restaurant fare will likely be plain meat and baked potato. BE A COMPULSIVE LABEL READER WHEN SHOPPING. The best diet for all of us is a wide variety of simple, plain, unprocessed foods, and not too much of any one thing.

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Dr. John Blair practices Internal Medicine and Clinical Ecology in Guelph, Ontario, and is a member of THE CANADIAN SOCIETY FOR CLINICAL ECOLOGY AND ENVIRONMENTAL MEDICINE.

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C R O S S T A L K      C R O S S T A L K      C R O S S T A L K

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LETTERS TO THE EDITOR, Branch News, Comments and Suggestions from  
H.E.F. members from coast to coast, and south of the border.  
THANKS to the people who took time to share some thoughts, and to  
those who've contributed information and articles. Your letters  
are always welcome and appreciated. YOUR INPUT IS ESSENTIAL.  
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Thanks to Kitchener Branch President, NORA SCHALLHORN for these  
EXCERPTS FROM THE KITCHENER BRANCH NEWSLETTER, September 1985:

(1) There is a possibility that many people are not aware that  
Hydrolyzed Vegetable Protein (HVP), often found in dehydrated  
soups and seasonings, is about 30% MSG, according to Linda Pim,  
author of ADDITIVE ALERT. In September the Royal College of  
Physicians & Surgeons of Canada held their Annual Meeting in  
Vancouver. Dr. David Allen from Australia presented a paper  
stating that Monosodium Glutamate may be an important cause of  
Asthma. He is recommending that further study on the effects of  
MSG be done quickly to review its status as "generally regarded  
as safe". Dr. Allen referred to a study done in 1968 that  
recognized the 'Chinese Restaurant Syndrome'. These were  
symptoms occurring within hours of eating a Chinese restaurant  
meal, characterized by headaches, a burning sensation up the back  
of the neck, chest tightness, nausea and sweating. It is  
gratifying to learn of Dr. Allan's presentation as this is not  
news to us. Our clinical ecologists have maintained for years  
that MSG is associated with many health problems.

(2) BOOK REVIEW: RECOMMENDATIONS FOR ACTION ON POLLUTION  
AND EDUCATION IN TORONTO. This 342 page report was prepared for  
the Toronto Board of Education by Bruce M. Small & Associates,  
Ltd. Information was gathered and summarized from published  
works, public meetings held in Toronto, letters and briefs from  
teachers and school staffs, parents and interested organizations.  
Bruce Small and the Board are to be commended for focussing on  
such an important issue, the health of children in our school  
systems, as well as the health of teachers and other school  
staff. The question is asked: "CAN POLLUTION AFFECT HEALTH,  
BEHAVIOUR AND LEARNING?" The answer: "YES!" Every School Board,  
indeed every school, should have a copy of this report and the  
parents of environmentally ill children should also have one in  
order to press for changes in the schools their children attend.  
To quote the report: "The author and the Pollution and Education  
group have concluded that not enough is being done. We feel that  
way because our society cannot afford to risk long-term  
impairment of our children."

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Toronto member, LUCETTA GRACE-GELLER writes: "I have to congratulate you on the recent changes in the H.E.F. Canada Quarterly. I find the articles lucid, interesting, informative and useful. I had considered not renewing my subscription but I couldn't bear to miss all the information that the magazine now contains. I have one complaint. Why is the paper/printing some of the worst from an ecological point?"

[I'm another of the members who have great difficulty reading the Quarterlies due to a chemical smell that causes various unpleasant reactions in exquisitely sensitive patients. Several found the September Quarterly much less of a problem than previous ones in that it seemed to be relatively odorless. We're working on solving the dilemma, and would appreciate comments or suggestions on how to take our Quarterly off the Chemical Restrictions List.]

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Next, a letter from SHERRY A. ROGERS, M.D., P.C., in Syracuse, New York. Dr. Rogers (Diplomate American Board of Family Practice, Fellow American College of Allergists and American Association for Clinical Immunology and Allergy) has kindly sent us A FORM LETTER TO ASSIST ECOLOGICALLY ILL PATIENTS WHO ARE TO BE HOSPITALIZED. Dr. Rogers writes:

"I thought I would share this with you for publication in your H.E.F. Canada Quarterly. It was written by myself and I consulted with Dr. Rea on some of the finer points. I worked this up while Drs. Rea, Randolph, three others and myself were touring through the People's Republic of China this summer where we lectured at six medical centers on ecologic illness.

"My purpose for working up the sheet was so that people with environmental illness will have some way to introduce themselves and their problems to prospective surgeons and anesthesiologists. They should take this basic form to their clinical ecologist and sit down with him and go through the form deciding what things should be added and subtracted for their particular use. Then they could take it to the surgeons and anesthesiologists. It would also be a good idea for the patient to make friends with the recovery room nurse. In this way we will have all done as much as possible to assure ourselves of an uneventful recovery from hospital stays.

"I hope I will have the privilege of seeing some of our Canadian friends at the upcoming meeting in Phoenix. Keep up the good work on your publication. Warm regards."

[We joyfully return Dr. Rogers' warm regards, and thank her for the helpful letter that follows on the next 3 pages.]

## BEING HOSPITALIZED? A LETTER TO YOUR SURGEON

Dear Doctor:

I have a condition called Environmentally Induced Illness or E.I. When exposed to certain places, chemicals, foods, and other substances, I usually have the reactions stated opposite:

Trigger	Symptom
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

The severity of a reaction is dependent upon the total load to my immune system at any one time. I know it sounds bizarre and even hypochondriacal. Because no medical schools yet teach E.I., I have spent thousands of dollars with many physicians before I learned what I have and how to control it.

I would like to explore some requests with you that will help you and me through my surgery with minimal complications. Before I even come to the hospital, I will reduce the total antigenic load to my immune system as much as possible by eating a diet free of allergenic foods and keeping my chemical exposures to a minimum.

If you feel I will need a blood transfusion, I would rather store my own blood three weeks prior to surgery than have someone else's.

For the hospital admission, I will bring my own cotton bedding, pillow, aluminum foil, clothes, chemically less contaminated and rotated foods, clean water, ionizer, air depollution device, soap and towels. I will see that the room is prewashed with water, or provide borax and Neolife. I will see that as much as possible, such as plastic mattress covers, foam pillows, nonmetallic cabinets, carpeting, and synthetics are gone, including the curtain dividers.

I would request from you that you write in my orders that I have a room with no one entering who wears perfume, cologne, aftershave, deodorant, hair tonic or hair spray, scented cosmetics, or who has the odor of tobacco or fabric softener on their clothes, fresh shoe polish or freshly dry cleaned clothes. I will also put a sign to that effect on my door.

I would like to be able to have a window that opens but not toward a heavily trafficked street, parking lot, incinerator or truck delivery area. I would like to have oxygen available, but I will have to bring my own ceramic mask and low outgas tubing.

We can test my tolerance to the surgical scrub (Betadine) that will be used, and the tape that will be used, and the suture

material. All we need to do is put the scrub on one area of my forearm, the tape that will be used in another area, and one small suture. These three test areas can be left in place for 48 hours, to see if there is any adverse reaction. If there are going to be any metals or acrylics used, I should test these as well.

One of the major problems with E.I. is that it can get dramatically or even irreversibly worse, especially if I have gas anesthetics. If recovery from the adverse effects of gas anesthetic does occur, it can still take days or weeks to return to a normal state. I would like to request that the surgeon and the anesthesiologist wear no hair tonic, preshave, aftershave, cologne or deodorants, and that they wash in Ivory soap and Almay shampoo. I will bring a gift of these to each of the people involved. Please let me know the number of people who will be close to me during surgery.

I will bring my own inhalant, food, mediator, chemical and hormone extracts that I may need, and I will have a charcoal mask, alka-aid, soda drops, and maintain a high level of Vitamin C two days prior to surgery and all through the hospitalization. One to four grams every four hours usually helps me tolerate chemical overload. Five to ten grams of I.V. Vitamin C run in over an hour, will help me come out of anesthesia, if I have a prolonged reaction to it. An I.V. of bicarbonate also helps me rebound.

Preoperatively, I will take no oral medication. I can take Benadryl if you feel I need it, and an injection of 0.4 to 0.6 ml of I.M. Atropine should be okay to prevent excess secretions.

During surgery, regional anesthetics would be preferable whenever possible. If I need Xylocaine, I prefer cardiac or single-unit dose vials of Xylocaine without preservatives. Multi-dose vials have preservatives to which I can react. I should not have Carbocaine, nor halogenated or fluorinated hydrocarbons (Fluothane, Ethrane, Penthrane). As little nitrous oxide as possible should be used.

The basis for anesthesia that works well is a bolus of thiopental sodium (Pentothal) or Brevital to induce me, preceded by 100% oxygen for five minutes; then succinyl choline chloride (Anectine) or curare to paralyze me. Sublimaze can be used to obliterate memory and Innovar or Demerol or alphaprodine (Nisentil), a shorter acting narcotic than Demerol (2 hours), is usually well tolerated.

If you feel I should alkalize the stomach contents to reduce problems with aspiration pneumonitis, Alka-Seltzer in gold foil (without aspirin) or my alka-aid is a preferable antacid for me.

Ad lib hyperventilation is used. I should not test these anesthetic drugs prior to use. I.V. half normal saline in glass, not plastic bottles works best for me. I can have D5W if I am not corn sensitive. There are fructose and invert sugars, but I

realize I must contact the company that makes them beforehand, because they frequently change their formulations and sugar sources without making it known on the bottle.

For shorter procedures, a Brevitol drip, and/or regional anesthesia would be better for me.

I realize all of this takes a great deal of extra skill and time, and if you feel that you are not qualified, I would appreciate your recommendation to someone whom you feel is.

I also want to have you figure out some way to compensate you for the extra efforts that are necessary in a patient with E.I. I don't expect you to do it for nothing, because I know this disease is not only bizarre, but it places extra stress on all medical personnel because it breaks all the rules of medicine.

Post-surgery, I would like to try to use a TENS unit for pain control. I will keep my charcoal mask handy for inadvertent exposure to personnel that visit, since I know I can't begin to control the over 60 people who enter my room on a daily basis, but I do try to control as much as I can, such as people who will be having close, prolonged, intimate contact with me.

I cannot express how much gratitude I have for your being willing to work with me. I know much of this sounds utterly impossible, and unfortunately only the people who have lived through this illness know how devastatingly ill we can be made by seemingly innocuous exposures that cause other people absolutely no harm.

If you have any questions, I will be happy to provide you with as many answers as I can, and references.

I look forward to having an uneventful recovery.

Very appreciatively,

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GROWING UP AT FORTY (an autobiography)  
by Dennis Ware

Being forty took him by surprise, not that he hadn't known it was coming, but that he found himself, having climbed the mountain, skidding down the other side. He had expected to enjoy middle age, but he was too busy tending his bursitis, varicose veins and hemorrhoids to savour his accomplishments. He was accustomed to being tired after supper, but lately he was falling asleep in the afternoon and having spells of dizziness and temper. Years before he had joked about his poor digestion, naming the cushion on his chair the Flatulence Filter; now he avoided long car trips because of the pain of bloating. Before forty he had expected to live forever; at forty he became mortal.

For forty years, his health had been the doctor's job: tonsilectomy for earaches, antihistamines for hayfever, some other drug for palpitations, antibiotics for that miserable chest cold that lasted several months. Diet had been his wife's job; he ate whatever came his way, having learned while working at a fertilizer factory to think of lunch as "filling up the silo". Exercise was for fanatics; he had avoided fitness testing at work, preferring not to know the truth; when he bought a bicycle in a moment of high resolve, a year passed without any change in the condition of its tires or his waist.

Nevertheless, before forty he had one cause for pride; he didn't drink or smoke. Furthermore, he was making a noble effort, now and again, to cut down on sugar and coffee. These concessions to the healthy lifestyle allowed him to believe that his chronic complaints were the unavoidable consequence of aging.

On the other hand, he thought of his wife's health as something to be managed, for when she was ill, the whole family was miserable. When she discovered she had food allergies, he became an enthusiastic participant in her treatment, forever reminding her about forbidden foods. Eventually, he bullied her into trying the rotary diversified diet, with the gratifying result that she had her best winter in years. By way of encouragement, he went on the diet too, with the surprising outcome that her best winter was also his.

No sooner had he begun the rotary diet than his gas and hemorrhoids improved. Every time wheat day came around, he became a balloon with one very painful spot where the knot was. When he stopped eating wheat altogether, his bowel began to heal.

When such simple measures brought such striking relief, he was motivated to exercise regularly, cycling or walking ten miles a day. When his wife started taking vitamin and mineral supplements, he joined her. By the age of 45, ten years younger in stamina, he was happily climbing another mountain. But now, with an extra four hours or so of productive time each day, he enjoyed the scenery as he went along.

One night he wrote a list of the symptoms he had left behind: fatigue, food cravings, frequent colds, palpitations, prostate trouble, stuffy nose, stiff joints, sinus headache, hay fever, hemorrhoids, bursitis, bloating, irritability, insomnia, and ignorance between the ears. He mailed it to the H.E.F. Quarterly in appreciation for the good work they were doing in educating people. Then he played the violin awhile before going to bed.

\* \* \* \* \*

The letter that came with 'Growing Up At Forty' reads: "My wife and I have benefited greatly from reading the H.E.F. Canada Quarterly. It is long past time for us to contribute something in our turn. I hope this will be of help to your readers." Hugs and grins and many thanks to DENNIS WARE, of Guelph, Ontario.

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From BEATRICE E. ROTH in Downey, California, kind words [thanks] and this suggestion: "Can you cover nutritional supplements as offered by several companies for Rotation Diets?"

[Here's a good project for our Quarterly readers. We need more articles from THE PATIENT'S PERSPECTIVE. Has anyone found better than usual vitamin therapies or supplements to enhance our often highly restricted rotation diets? It's often "patient-recommended procedures" that change the course of a fellow patient's life. H.E.F. members are more aware of new research and treatment than many doctors whose "proper medical background" masks a dismaying lack of knowledge about our illness. If you have an article in mind, DO WRITE IT. That goes for you too, Lucinda.]

A letter and suggestion from GWEN LAWRENCE, in Capreol, Ontario:

"I am one of the universal reactors and have been in isolation for over three years now. I live in a small Northern Ontario town, and see the H.E.F. as a lifeline. I was listening to CBC radio (in September) and heard an excellent item regarding Parkinson's disease. A Dr. Barbeau, a neurologist at the University of Montreal, has done a study of 5,300 people in Quebec with Parkinson's (and) they suspect it is an environmental disease. I felt it might be worth pursuing for an article."

[PARKINSON'S DISEASE: AN ENVIRONMENTAL ILLNESS? is currently in progress. Other studies being done in California, B.C., Texas and Saskatchewan have reached similar conclusions. Dopamine deficiency, lowered calcium and magnesium levels; CNS effects frighteningly like the symptoms of pesticide poisoning. Scare-y! Another environmentally induced disease? Your contributions are welcome. Watch the March 1986 edition for some answers.]

7/11/85: Letter #2 from GWEN LAWRENCE arrived just on time to be included in this edition.



WE HAD FUN TODAY  
by Gwen Lawrence

I want to tell you about a special friend who has made my life a little happier, my Little Sister, Shelley. I wanted to share this with others who may be struggling to find meaning in their (environmental illness) disrupted lives.

Before I became disabled by E.I. I was a Big Sister with the Big Sister Organization of Sudbury, and my Little Sister was Shelley. We were "chums". She was eight years old when I first met her 4 1/2 years ago. From the first time I saw this petite, dark haired, vital child, I knew I wanted to be part of her life.

We had been together for about a year when my illness worsened and I was no longer able to go out. I was forced to move back home to live in an apartment above my parents' place. My most disabling symptoms of severe depression and black-outs are brought on by the slightest exposure to chemicals.

I had thought that after going through all the losses of this illness ... my career, my independence, financial advantages, social life and all .. that I was numbed to pain. The thought of giving up Shelley was like a stabbing knife. I phoned to explain to her mom that Shelley would have to have a new Big Sister. But Shelley decided she did not need another Big Sister, she already had Gwen. Her Extra Special Mom decided that the relationship had value and wanted to try to continue. My wonderful parents decided to help, and so I gave in. We could manage, and we have.

Shelley is probably one of the only environmentally clean Little Sisters around. She uses my shampoo and bathes with my soap in her own home, and is delivered to our door by her father. I call to her from my upstairs window, "Hi, I'm so glad to see you," and she calls, "I'll be there in two minutes, Gwen." Two minutes is about the time it takes for her to rush into my parents' home and change into clothes (washed in baking soda) that we keep here for her. Soon I hear hurrying footsteps on the stairs, the door flies open, a hug, and "What shall we do today?"

Will it be a walk, tapes, stories or music? Maybe we'll have a "tea party", play word games, or do some "fancy baking" with ingredients I can tolerate the smell of. Or we'll just spend a lot of time talking. Shelley is the resident expert on oxygen tanks and masks, and on rotation diets. She loves to hear me say "I'm having lentils today". This strikes her as being ever so funny. The thought of another day of lentils linked with Shelley's laughter makes the lentils slide down a little easier.

Oh, we miss the concerts, the trips to the park, my old apartment and the visits to McDonalds and the Dairy Queen, but we have adapted well. Shelley often asks, "When will you be well again, Gwen?" The question hurts me, but I'm thankful she still wants to know. I reply with the only answer I can. "I don't know, but

I will be better one of these days." "But I wish you would hurry up, Gwen." Me too, Shelley. Me too.

One day when we were sitting talking, there was suddenly an unusual moment of silence. Slowly and softly Shelley said, "I am a handicapped blind kid, you know." My response was "Yes, I know you're blind." Then she said "You know Gwen, I think you are as handicapped as I am. All those smells and everything." This moment was for us. An opportunity to talk about and share what it means to be different, to be handicapped in whatever way, to not quite fit into the mold society has made for us. A time to discover that disabilities really do not matter. They have no power as long as we have friends who believe we are whole and know our lives have meaning. Our place is not sad and dark. It can be filled with choices, opportunities, challenges and hope.

All too soon our time is up. We've shared a meal, laughter, hugs, games, occasionally some sadness. Most importantly, we've shared ourselves. Then it's time for Shelley to hurry downstairs and change her clothes once more. Her father will soon be here to take her back home. She's full of questions. "When can I come again? In two weeks? Will you be well enough? Does my mom have plans? Why can't I come every week?" "Yes, Shelley, you can come in two weeks if I'm well enough and you don't have other plans." Shelley slips her arms around me and asks for a big hug. She holds tight for a moment and says, "We had fun today didn't we, Gwen?"

Soon a van drives up. I call from the window, "Goodbye Shelley, I love you lots and lots." "Bye Gwen, see you in two weeks." I watch Shelley climb into the van. She returns to her world. I remain in mine. It is not easy.

"We had fun today, didn't we, Gwen." Somehow these words make the isolation just a little bit easier to bear, tomorrow just a little more worthwhile. See you in two weeks, my special friend.

\* \* \* \* \*

BRAVO! Thanks to all of you, and Blessed Be!

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